## **DEPARTMENT OF HEALTH AND FAMILY SERVICES**

Division of Disability and Elder Services DDE-891 (Rev. 04/2003)

## STATE OF WISCONSIN

Completion of this form meets the requirements of the 2000 Wisconsin Act 9 (1999-2000 Biennial Budget)

## Intoxicated Driver Program 2003 Supplemental Funding Request

**INSTRUCTIONS:** Return completed request to your Area Administrator no later than May 16, 2003.

Name - County		Name - Contact Person		
	Reporting Period 2002			
I.	EXPENDITURES (Actual)			
	A.	January 1, 2002 - December 31, 2002	\$	
II.	REVE	REVENUES (Actual)		
	A.	Surcharge Collections January 1, 2002 - December 31, 2002	\$	
	B.	Third Party Collections January 1, 2002 - December 31, 2002	\$	
	C.	Client Fee Collections January 1, 2002 - December 31, 2002	\$	
	D.	Supplemental Funding January 1, 2002 - December 31, 2002 (if applicable)	\$	
	E.	Total (Lines II.A. + II.B. + II.C. + II.D.)	\$	
	F.	Difference (line I.A II.E.)	\$	
Reporting Period 2003				
III.	EXPENDITURES (Projected)			
	A.	January 1, 2003 - December 31, 2003	\$	
IV.	REVE	EVENUES (Projected)		
	A.	Surcharge Collections January 1, 2003 - December 31, 2003	\$	
	B.	Third Party Collections January 1, 2003 - December 31, 2003	\$	
	C.	Client Fee Collections January 1, 2003 - December 31, 2003	\$	
	D.	Total (Lines IV.A. + IV.B. + IV.C.)	\$	
	E.	Difference (line III.A IV.D.)	\$	
V.	SUMMARY			
	A.	2003 SUPPLEMENTAL REQUEST (Line IV.E.)	\$	

Explain in the narrative if line III.A. <u>DOES NOT</u> equal line IV.D. If additional space is needed, attach a separate sheet.